

**APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**

**INFORMATION:** Birth records have been maintained in the Office of the State Registrar of Vital Statistics since July 1, 1905. The only records of earlier events are delayed birth certificates and court ordered delayed birth certificates registered as provided by law.

**INSTRUCTIONS**

1. Use a separate application blank for each different record of birth for which you are requesting a certified copy. Send **\$12** for **each** certified copy requested. If no record of the birth is found, the \$12 fee will be retained for searching as required by statute and a Certification of No Record will be sent.
2. Give all the information you have available for the identification of the record of the registrant in the spaces under **Certificate Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. If this person has been adopted, please make the request in the adopted name.
3. Complete the **Applicant Information** section.
4. Indicate the number of certified copies you wish and include with this application sufficient money, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the **Office of Vital Records**. The fee is **\$12** for each certified copy. Mail this application with the fee to the Office of Vital Records, 304 S Street, P.O. Box 730241, Sacramento, CA 94244-0241. You may also FAX your request and charge it to a credit card to: 1-800-858-5553 or (916) 442-6766 (out of country). There is an additional fee of \$7 for using the charge card service. If requested, express courier fee will be applied to credit card.

**CERTIFICATE INFORMATION – PLEASE PRINT OR TYPE**

Name on Certificate – First Name	Middle Name	Last Name or Birth Name if Married	
City or Town of Birth		Place of Birth – County	
Date of Birth – Month, Day, Year (If unknown, enter approximate date of birth)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Name of Father – First Name	Middle Name	Last Name	
Name of Mother – First Name	Middle Name	Last Name (Maiden Name)	

**APPLICANT INFORMATION – PLEASE PRINT OR TYPE**

Purpose for Which Certified Copy is to Be Used	Today's Date	Telephone Number – Area Code First (     )	
Name of Person Completing Application (Please Print)	Signature (Person Requesting Record(s) or Cardholder, if Different)		
Address – Number, Street	City	State	ZIP Code
Name of Person Receiving Copies, if Different From Above	Number of Copies	Amount Enclosed	E-mail Address
Mailing Address for Copies, If Different From Above	City	State	ZIP Code
Credit Card # for FAX Orders	Expiration Date	Shipping Method: <input type="checkbox"/> Express Courier <input type="checkbox"/> Regular Mail	

**DO NOT WRITE IN SPACE BELOW – FOR REGISTRAR ONLY****BIRTH**